

TENNESSEE DEPARTMENT OF SAFETY
TITLE AND REGISTRATION DIVISION

**EMERGENCY LICENSE PLATE AUTHORIZATION
FORM SF-1265—SIDE A**

If purchasing an emergency vehicle use Side B

Complete this form only if new emergency plates are requested

(This form is not necessary for renewal of emergency plates, just check name against current agency listing)

SECTION 1. GENERAL INFORMATION

FULL NAME OF PERSON REQUESTING EMERGENCY PLATES _____

IS A MEMBER OF THE _____ IN _____, TENNESSEE
(Name of Fire or Police Precinct, Rescue Squad
or Emergency Management Association)

OR IS A TRAUMA PHYSICIAN AT _____ (Hospital or Medical Center)

RESIDENTIAL ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

MAILING ADDRESS _____
(If different from above)

SECTION 2. VEHICLE INFORMATION

MAKE _____ YEAR _____ VIN _____

SECTION 3. TYPE OF PLATE AND REQUIRED DOCUMENTATION FOR OBTAINING EMERGENCY PLATES

Type of Plate—Circle Category

- E-Plate (Check one)** ☐ **Auxiliary Police Unit w/Civil Defense Authorities**
T.C.A. § 55-4-222 *Required Documentation:* Official Identification Card
- ☐ **Civil Air Patrol/Civil Defense Organization/Emergency Management Agency**
 Required Documentation: Permanent Official Registration Card and a letter from the local Civil
Defense/ Emergency Management Director
- ☐ **Emergency Medical Technician/Paramedic**
 Required Documentation: Official Identification Card
- ☐ **Full Time Police Officer**
 Required Documentation: Authorization from the Chief Law Enforcement Officer of the
Organization
- Trauma Physician** *Required Documentation:* Statement of Certification from Board of Medical Examiners and from the
T.C.A. § 55-4-222 Trauma Center in a hospital or other medical facility
- Firefighters Plate** *Required Documentation:* Proof of current membership in a firefighting unit
T.C.A. § 55-4-241
- Rescue Squad Plate** *Required Documentation:* Badge as Member of Tennessee Association of Rescue Squads or list of
T.C.A. § 55-4-222 eligible members from the Captain of the local Rescue Squad

SECTION 4. CERTIFICATION

UNDER PENALTIES OF PERJURY, I HEREBY CERTIFY THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PERSON COMPLETING FORM DATE

SECTION 5. APPROVAL

THIS AUTHORIZATION FORM HAS BEEN _____ APPROVED _____ DENIED

SIGNATURE OF COUNTY CLERK/DESIGNEE DATE (T.C.A § 55-2-107)

TENNESSEE DEPARTMENT OF SAFETY
TITLE AND REGISTRATION DIVISION

AUTHORIZATION FOR THE PURCHASE OF AN EMERGENCY VEHICLE
Form SF-1265--SIDE B

If requesting emergency plates use Side A
Complete this side only when transferring ownership of any government
owned emergency vehicle to any other individual or entity.
Physical possession of the vehicle CANNOT be transferred until this form
is completed and processed by the appropriate County Clerk's Office

SECTION 1. SELLER AND PURCHASER INFORMATION

NAME OF SELLER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

NAME OF PURCHASER _____

RESIDENTIAL ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

MAILING ADDRESS _____
(If different from above)

SECTION 2. VEHICLE INFORMATION

MAKE _____ YEAR _____ VIN _____

CIRCLE TYPE: FIRE APPARATUS AMBULANCE POLICE CAR OTHER _____

IS VEHICLE BEING SOLD FOR SALVAGE _____

WILL VEHICLE BE REGISTERED OUT OF STATE _____ IF SO, WHICH STATE _____

SECTION 3. REQUIRED DOCUMENTATION (T.C.A. § 55-2-103)

THE FOLLOWING MUST BE SUBMITTED WITH THIS FORM BEFORE A CERTIFICATE OF TITLE IS ISSUED FOR THIS VEHICLE:

Bill of Sale

MSO or Certificate of Title

Payment Method (Cash, Check, Lien)

Name and Bona Fide Address of Purchaser

Copy of Driver License of Individual or Agent Authorized to Purchase Vehicle

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SIGNATURE OF PERSON COMPLETING FORM DATE

SECTION 5. APPROVAL

THIS AUTHORIZATION FORM HAS BEEN ____APPROVED____DENIED

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